

Special Event Liability Group Insurance Trust
Long Form Event Application – Commercial General Liability

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

Applicant Information

File: _____
(Company use only)

1) Named Insured is a:

- | | | |
|---|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> LLC or LLP | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Public Agency | <input type="checkbox"/> Not-For-Profit |
| <input type="checkbox"/> Trust or Estate | <input type="checkbox"/> Labor Union | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Informal Group or Committee | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> _____ Other | |
| | Describe | |

2) Named Insured/Event Holder (as it is to appear on the policy): _____

3) Doing Business as (DBA): _____

4) Mailing Address: _____

5) City: _____ State: _____ Zip: _____

6) Country: _____

7) Contact Person: _____

8) E-Mail Address: _____

9) Telephone Number (Home): ____ (____) _____

10) Telephone Number (Business): ____ (____) _____

11) Fax Number: ____ (____) _____

12) Web Site Address: _____

Event Information

13) Name of Event: _____

14) List each date the Event will be held, the total expected attendance and the hours the event is open on each day. Include event set up and take down days. Indicate if alcoholic beverage is sold or served for each day. Attach a separate page if necessary. If the time goes past midnight, be sure to include the new day and the hours.

| Date | Event Hours | | Attendance (Expected) | Alcoholic Beverages | |
|-------|-------------|-------|--------------------------|--|--|
| | Start | End | | Served | Sold |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

15) Describe the Event and list all activities. Attach a separate page if necessary. If the Event is more than one day, include the date(s) each activity occurs.

| | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Anniversary | <input type="checkbox"/> Confirmation | <input type="checkbox"/> Quincinera |
| <input type="checkbox"/> Baby Shower | <input type="checkbox"/> Engagement | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Baptism | <input type="checkbox"/> Graduation | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Bar mitzvah | <input type="checkbox"/> Lecture (Describe Topic) | <input type="checkbox"/> Reunion |
| <input type="checkbox"/> Bat mitzvah | <input type="checkbox"/> Meeting (Describe Topic) | <input type="checkbox"/> Wedding |
| <input type="checkbox"/> Birthday | <input type="checkbox"/> Ordination | <input type="checkbox"/> Wedding Shower |
| | | <input type="checkbox"/> Other _____ |
| | | Describe |

15a) If Birthday, please indicate the year which is being celebrated.

| | | |
|--|--|--|
| <input type="checkbox"/> 1yr. – 8yrs. | <input type="checkbox"/> 21yrs. – 29yrs. | <input type="checkbox"/> 50yrs. – 59yrs. |
| <input type="checkbox"/> 9yrs. – 13yrs. | <input type="checkbox"/> 30yrs. – 39yrs. | <input type="checkbox"/> 60 and over |
| <input type="checkbox"/> 14yrs. – 20yrs. | <input type="checkbox"/> 40yrs. – 49yrs. | |

15b) If concert, will dancing be permitted? ☐ Yes ☐ No

15b1) If yes, is there a designated dance floor or area? ☐ Yes ☐ No

16) Do you expect any celebrities or highly public individuals to attend or participate in your event?
☐ Yes ☐ No

- 16a) If yes, please list the individuals and classify the individual entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc.

Individual

Class of Celebrity or Public Figure

- 17) For all Events, please indicate the expected age range of the attendees.

- ☐ 13 and under ☐ 30 – 39 ☐ 60 and over
☐ 14 – 23 ☐ 40 – 49
☐ 24 – 29 ☐ 50 - 59

- 18) Will your Event have overnight stay or lodging? ☐ Yes ☐ No

- 18a) If yes, lodging is arranged by: ☐ Event Holder ☐ Attendees

- 18b) Does Event Holder agree to assume responsibility or liability for attendees actions during the overnight portion of this activity? ☐ Yes ☐ No

- 18c) Does the Event Holder agree to indemnify and defend the Property Owner for claims, loss or suit arising out of the lodging? Refer to the terms and conditions of your reservation or lodging contract. ☐ Yes ☐ No

- 18d) Is the Event Holder required to add as additional insured the Property Owner providing the lodging? ☐ Yes ☐ No

Property Owner Name: _____

Mailing Address: _____

City, State & Zip: _____

Lodging Facility Name: _____

Street Address: _____

City, State & Zip: _____

- 19) Is your Event indoor, outdoors or both?

- ☐ Indoor ☐ Outdoor ☐ Both Indoor and Outdoor

- 20) Is the Named Insured (On Page 1, Line 2) the:

Property Owner? ☐ Yes ☐ No

Property Manager? ☐ Yes ☐ No

- 21) The Event is: ☐ Open to the Public
 ☐ Private Group
 ☐ Personal Invitation Only

- 22) Will you sell tickets to attend the Event? ☐ Yes ☐ No

- 22a) If yes,
- 1) How many tickets do you expect to sell? _____
 - 2) What is the expected total receipts from ticket sales? \$_____
 - 3) What is the price per admission ticket? \$_____
 - 4) Tickets are:
 - ☐ Pre-sold Only
 - ☐ Sold only at the door
 - ☐ Pre-sold and sold at the door

23) Do you expect to receive donations to attend this Event? ☐ Yes ☐ No

24) Seating at the Event is:

- ☐ Assigned Seating
- ☐ Open Seating
- ☐ Bring Your Own Seating
- ☐ Grandstands or Bleachers

25) Will the Event have security? ☐ Yes ☐ No

25a) If yes, what type of security and number or security personnel?

| <u>Type of Security</u> | <u># of Persons</u> |
|---|---------------------|
| <input type="checkbox"/> Facility Security | _____ |
| <input type="checkbox"/> Private Security Company | _____ |
| <input type="checkbox"/> Private Security-Not employees of a Security Co. | _____ |
| <input type="checkbox"/> Police or Sheriff | _____ |
| <input type="checkbox"/> Peer Group or Ushers | _____ |
| <input type="checkbox"/> Employees of Event Holder | _____ |
| <input type="checkbox"/> Parent Chaperones | _____ |
| <input type="checkbox"/> Volunteers | _____ |

| | | <u># of Persons</u> |
|------------------------|----------------------------------|---------------------|
| 25b) Security will be: | <input type="checkbox"/> Armed | _____ |
| | <input type="checkbox"/> Unarmed | _____ |

26) Is the Event being advertised or promoted? ☐ Yes ☐ No

26a) If yes, how? (Include all methods)

| | | |
|------------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Event Web site _____ |
| | | Provide web site address |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Television |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Radio |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | News Paper |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Brochure |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Handout or Announcement |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Billboard |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Poster |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other _____ |
| | | Describe |

27) Will alcoholic beverages be served? ☐ Yes ☐ No

- 27a) If yes,
- | | | |
|---|------------------------------|-----------------------------|
| 1) Will you charge a fee or collect a ticket? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Do people pay to attend? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Do you receive a donation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- 27b) Type of Alcoholic Beverage: ☐ Beer ☐ Wine or Champagne
☐ Mixed Drinks or Full Bar
- 27c) Estimated sales receipts for Alcoholic Beverages \$ _____
- 27d) Do you have a caterer or vendor serve or sell the alcoholic beverage?
☐ Yes ☐ No
- 27d1) If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance? ☐ Yes ☐ No
- 27e) How many different locations at the Event will alcoholic beverage be served or sold? _____
- 27f) Are you required to obtain or have a liquor license for your Event?
☐ Yes ☐ No
- 27g) What management practices do you have in place to monitor and control the consumption of alcoholic beverages?
- 27g1) ☐ Yes ☐ No Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted.
- 27g2) ☐ Yes ☐ No Everyone must show identification to receive an alcoholic beverage.
- 27g3) ☐ Yes ☐ No Individuals over the legal drinking age receive a wristband or other form of identification.
- 27g4) ☐ Yes ☐ No There is a limit of two servings provided to any one individual per visit to the concession.
- 27g5) ☐ Yes ☐ No Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated.
- 27g6) ☐ Yes ☐ No The concession or bar is closed at least one hour prior to the end of the Event.
- 28) Does your Event include any athletic or recreational activity? ☐ Yes ☐ No
- 28a) If yes, list each activity, the date of the activity and the number of participants each day.

| <u>Date</u> | <u>Activity</u> | <u># of Participants</u> |
|-------------|-----------------|--------------------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

28b) Explain your procedure for collecting and keeping Waivers and Release of Liability Form, which have been signed by all participants. **(The insurance policy will have a warranty that all athletic participants are required to sign a Waiver and Release of Liability. The insurance policy will exclude any claim for injury by an athletic participant, if that individual did not sign a Waiver and Release of Liability).**

28c) Provide a copy of the Waiver and Release of Liability, which will be signed by all participants.

29) Will your Event have music? ☐ Yes ☐ No

29a) If yes, what type of music?

☐ Live Music ☐ Disc Jockey ☐ Stereo/CD Player

29b) What type of music will be played? Indicate all types, which will be played.

| | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1950's/1960's | <input type="checkbox"/> Folk | <input type="checkbox"/> Punk |
| <input type="checkbox"/> Acid Rock | <input type="checkbox"/> Funk | <input type="checkbox"/> Rap |
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Goth | <input type="checkbox"/> Rave |
| <input type="checkbox"/> Big Band | <input type="checkbox"/> Goth Metal | <input type="checkbox"/> Reggae |
| <input type="checkbox"/> Blues | <input type="checkbox"/> Hard Rock | <input type="checkbox"/> Rockabilly |
| <input type="checkbox"/> Bubblegum | <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> Ska |
| <input type="checkbox"/> Classical | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Soft Rock |
| <input type="checkbox"/> Country Soul | <input type="checkbox"/> Industrial | <input type="checkbox"/> Soul |
| <input type="checkbox"/> Country & Western | <input type="checkbox"/> Jazz | <input type="checkbox"/> Symphony |
| <input type="checkbox"/> Death Rock | <input type="checkbox"/> New Wave | <input type="checkbox"/> Techno |
| <input type="checkbox"/> Disco | <input type="checkbox"/> Pop | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ethnic or Foreign Culture | <input type="checkbox"/> Psychedelic | Describe |

30) Does the Event include any of the following activities? If yes, describe the activity on a separate page.

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Inflatable Activities (please provide a list of each Inflatable Activity) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Animals or Animal Acts |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Climbing Wall |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Horseback Riding or use of Horses |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Skate Board Activities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Roller Blade or Roller Skate Activities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bicycle or Unicycle Activities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Watercraft Activities or Use |

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Guns |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Fire |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use or Demonstration with Chemicals |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Providing Medical or Chiropractic Information or Care |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any Construction or Demolition Work |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any use of Scaffolding or Elevated Platform more than 4 feet above ground level |

30a) If yes, please explain: _____

31) Does the Event include any of the following? **Claims arising out of each are excluded under this insurance policy.**

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aircraft, Balloon Ride or Gliders |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | All Terrain Boarding |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Base Jumping |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bouldering |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Boxing, Wrestling, Hockey, Contact Karate or Martial Arts, Football, Lacrosse or Rugby |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bungee Jumping |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Circus Acts or Carnival Rides |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Concerts exceeding 6 hours of performance time |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Concert or Dance with Mosh Pit |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Contact Sports |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diving, Platform Diving or Spring Board Diving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hang Gliding |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kayaking, Rafting or Canoeing |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mechanical Amusement Ride |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Motorized Sporting Equipment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mountain Biking |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Power Boats |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Professional Sporting Activity; Games, Races or Contest of a professional nature with cash prize |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pyrotechnics, Fireworks, Explosives, Black Powder |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rap, Heavy Metal or Rock Concert |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rock Climbing |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rodeo and Roping Events (including practice) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Skin Diving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Scuba Diving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sky Diving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tractor Pull/Truck Pull |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trampoline |

Event Location

32) Name of Facility _____

33) Street Address _____

34) City_____ State_____ Zip_____

35) Building Area _____

36) Outdoor Area (acres, miles of street) _____

37) Building Capacity (# of persons) _____

38) Capacity of the Room(s) (if less than the building) _____

39) Facility Owner _____

40) Mailing Address _____

41) City_____ State_____ Zip_____

42) Is there a Property Manager that requires being included as Additional Insured?
☐ Yes ☐ No

If yes,
42a) Name _____

42b) Mailing Address _____

42c) City_____ State_____ Zip_____

43) Are there any caterers, vendors, concessionaires, exhibitors, entertainers, promoters or sponsors which are to be included as an Insured under this insurance policy?
☐ Yes ☐ No

43a) If yes, provide their name, mailing address and type of service to your Event. (Type of service = caterer, vendor, concessionaire, exhibitor, entertainer, promoter or sponsor) Add additional pages if required.

Type of Service
43a1) _____ Name_____ Mailing Address_____
City_____ State_____ Zip_____

Sells or Serves Alcoholic Beverage ☐ Yes ☐ No

43a2) _____ Name_____ Mailing Address_____
City_____ State_____ Zip_____

Sells or Serves Alcoholic Beverage ☐ Yes ☐ No

43a3) _____ Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Sells or Serves Alcoholic Beverage ☐ Yes ☐ No

44) Have you held this Event or a similar Event in past years? ☐ Yes ☐ No

44a) If yes, please list all claims arising during the past five years from the Event. Also, list any claim arising at any other Special Event, other than this event, which you held during the past five years. (Include a Date of Loss, Claimant, Description of Loss and Amount Paid or Reserved if known.) ☐ None

| <u>Date of Claim</u> | <u>Claimant</u> | <u>Description</u> | <u>Paid to Date</u> | <u>Total Incurred</u> |
|----------------------|-----------------|--------------------|---------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

45) Do you require that any vendors or Event service providers provide Certificates of Insurance and name you and the property owner as Additional Insureds?
☐ Yes ☐ No

45a) If yes, provide a copy of the Certificate of Insurance from the vendors or service providers from whom you have received Certificates and Additional Insured Endorsements.

46) Do you have an Emergency Evacuation Plan? ☐ Yes ☐ No

46a) If yes, explain how Event Management and Event Attendees are notified.

47) Will there be Medical Personnel present at the Event? ☐ Yes ☐ No

47a) If yes, identify the number of:

| | |
|------------|-------|
| Doctors | _____ |
| Paramedics | _____ |
| Nurses | _____ |
| EMT/EMS | _____ |
| Other | _____ |

47b) Is there an Ambulance on site? ☐ Yes ☐ No

48) The following items are required to be submitted with this information form.

1) Copy of all Certificates of Insurance from vendors that list you as an Additional Insured. (If you have received them.)

- 2) Copies of all Brochures, Promotional Materials and Event Advertising.
- 3) Copy of the Complete Schedule of Events or Activities.
- 4) Copy of the Waiver and Release of Liability to be signed by Participants in any recreational or athletic activity.
- 5) Diagram or Site Plan of location/set up.
- 6) Three (3) year detailed loss history from previous carrier(s). (If applicable.)

The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

The applicant requests that this application for insurance coverage be submitted for consideration to Axis Surplus Insurance Company (Company). Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the Company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the Company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the coverage requested.

Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature: _____
(Owner, Partner or Officer)

Title: _____

Date: _____

THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.